

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/23/2015
NAME OF PROVIDER OR SUPPLIER ATRIA HEARTHSTONE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 3515 SW 6TH AVE TOPEKA, KS 66606		
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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Topeka, Kansas on 6/17/15, 6/18/15, 6/22/15, and 6/23/15. Complaint #86148 also investigated. amended 2567 mailed to facility 6/30/2015	S 000		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 31 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#187 and #189) the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents's functional capacity. Findings included: - Review of record revealed #187 admitted to facility 02/07/11 with diagnoses of Hypothyroidism, Vertigo, Asthma, Bronchitis, Chronic obstructive pulmonary disease, and Dementia. The current 4/29/15 FCS assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers; unable to perform mobility, medication and treatment management. The	S3082		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3082	<p>Continued From page 1</p> <p>cognition section contained a number value of "29". This code failed to correspond with the required numbering system of the form as described in the instruction manual. Section "D. Cognition" consists of four boxes, each box to be filled with a "1" if applicable, total score to result from zero to four.</p> <p>By interview on 6/17/15 at 3:20pm, Licensed nurse #H stated initially I was trained in May 2014 verbally to complete the FCS... two different people took me through it step by step... this year, May 2015 I was handed an FCS manual... prior to that I was adding up all the numbers of the first sections (A., B., C.) and also section D. to come up with the number 29 in this case... #H stated he/she now had the FCS manual and would be following the directions and required coding in the manual.</p> <p>The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #187's functional capacity.</p> <p>- Review of record revealed #189 admitted to facility 6/25/14 with diagnoses of Colitis, Cerebella ataxia, Coronary artery disease, and Dementia.</p> <p>The current 3/01/15 FCS assessed #189 in need of supervision with bathing, medication and treatment management. The cognition section contained a number value of "17". This code failed to correspond with the required numbering system of the form as described in the instruction manual. Section "D. Cognition" consists of four boxes, each box to be filled with a "1" if applicable, total score to result from zero to four. In this FCS the boxes were filled with:</p> <p>A. Short Term Memory - "5"</p>	S3082		

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S3082	Continued From page 2 B. Long Term Memory - "5" C. Memory/Recall - "4" D. Decision-Making - "3" On 6/17/15 at 4:00pm, Resident Service Director #G confirmed the coding of this FCS inaccurate... stated this form completed by another nurse, Licensed Nurse #J before I started in May of 2015... stated he/she had now provided copies of the FCS manual to licensed nurses who complete these assessments. The Operator failed to ensure designated facility's staff completed an FCS that accurately reflected #189's functional capacity.	S3082		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The census equalled 31 the sample included three Residents. Based on reviews of records and interviews, for one of one sampled (#185) with physician orders to report blood glucose test results, the Operator failed to ensure all health care services, including interventions for blood sugar test results, provided by qualified staff in accordance with acceptable standards of practice. Findings included:	S3171		

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S3171	<p>Continued From page 3</p> <p>- Review of record revealed #185 admitted to facility 7/29/14 with diagnoses of Chronic kidney disease, Parkinson's, Hypertension, Diabetes type II, and Hypothyroidism.</p> <p>The current 6/01/15 functional capacity screen (FCS) assessed #185 in need of physical assistance with dressing, medication and treatment management; in need of supervision with mobility; with falls/unsteadiness; and with impaired decision making.</p> <p>The current 6/01/15 negotiated service agreement (NSA) documented #185 to receive staff reminders and assistance with dressing; medication administration and assistance by facility staff.</p> <p>By observation on 6/17/15 at 1:00pm in Resident's room noted a sharps container on the counter near kitchen sink.</p> <p>By interview on 6/17/15 at 1:00pm, #185 stated they give me my insulin and check my blood sugar...</p> <p>By review, the medical record contained an 8/20/14 physician's order for Accu checks four times daily; and an 01/20/15 physician's order for notification if Resident has two or more glucose levels <60 or >300 within a 24 hour period, please fax all glucose readings for the previous 3 days to the endocrinologist office for review on next business day.</p> <p>The medical record lacked documentation staff alerted or otherwise notified the physicians of elevated blood sugar readings as ordered. 5/02/15 - morning 316; night 361 5/03/15 - noon no result documented; evening</p>	S3171		

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S3171	Continued From page 4 320 5/05/15 - evening 319; night 381 5/07/15 - morning 311; noon, evening, night no results documented 5/10/15 - noon 337; evening 389 5/13/15 - evening 303; night 401 6/16/15 - fasting 300; night 361 On 6/17/15 at 12:40pm, Resident Service Director #G reviewed medical record and confirmed no evidence or documentation available of physician notification of outside parameter results... stated I would expect to find documentation and assessment information in the Nurses' Notes for instances of increased blood sugar results... The Operator failed to ensure all health care services for #185, including interventions for blood sugar test results, provided by qualified staff in accordance with acceptable standards of practice.	S3171		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a	S3175		

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S3175	<p>Continued From page 5</p> <p>significant change of condition, and annually.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1)</p> <p>The facility census equalled 31. The sample included three Residents. The facility identified six Residents with self administered medications and the remaining 25 Residents with facility managed medications. Based on observations, interviews, and reviews of records: For one of one sampled who self administered medications (#185), the Operator failed to ensure a licensed nurse performed an assessment of the Resident's ability to safely and accurately self administer medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #185 admitted to facility 7/29/14 with diagnoses of Chronic kidney disease, Parkinson's, Hypertension, Diabetes type II, and Hypothyroidism. <p>The current 6/01/15 functional capacity screen (FCS) assessed #185 in need of physical assistance with medication and treatment management.</p> <p>The current 6/01/15 negotiated service agreement (NSA) documented #185 to receive medication administration and assistance by facility staff.</p>	S3175		

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S3175	<p>Continued From page 6</p> <p>By observation on 6/17/15 at 1:00pm in Resident's room, multiple containers of medications positioned on a small bedside table next to #185's recliner. Medications included: Mucinex, Tylenol, Antacid, Famotidine, and Nasal Saline Spray.</p> <p>By interview on 6/17/15 at 1:00pm, #185 stated I take my own OTC's (over the counter) medications... the staff give me my other medications... I used to take all of them on my own... family sat them up in boxes... recently changed to having facility do it to keep things more organized...</p> <p>By review, the medical record lacked a self administration assessment. The NSA failed to include a description of services that included self medication administration of select medications... confirmed nothing in the NSA about self administration of select medications... confirmed no self administration assessment in record since admission of #185 7/29/14... no assessment available of recent practice of self administering select medications, and no assessment available of Resident self administering all medications.</p> <p>By interview on 6/18/15 at 12:45pm, Operator and Resident Service Director #G stated not aware #185 had medications in room and was self administering medications... stated #185 previously administered all medications... Resident, family, facility staff all recently agreed on change to have facility manage medications...</p> <p>The Operator failed to ensure a licensed nurse conducted a self administration assessment for #185 prior to #185 self administering medications.</p>	S3175		

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S3280	Continued From page 7	S3280		
S3280 SS=F	<p>26-41-104 (d) Disaster and Emergency Preparedness</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and</p> <p>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)</p> <p>The facility census equalled 31 the sample included three Residents. The facility identified 44 employees hired since the last Resurvey. Based on interviews and reviews of records, the Operator: Failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees and Residents.</p> <p>Findings included:</p> <p>- On 6/17/15 at 11:00am and at 5:45pm,</p>	S3280		

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S3280	<p>Continued From page 8</p> <p>Operator and Maintenance Director confirmed unable to locate documentation of disaster plan reviews completed and attendance... confirmed completion of routine fire drills, annual tornado drill with the city, and annual evacuation drills... but unable to locate curriculum or attendances for the quarterly disaster reviews.</p> <p>On 6/18/15 at 3:45pm Operator and Resident Service Director confirmed still unable to find documentation of these quarterly reviews... Operator and Resident Service Director each started positions at this facility in May 2015... stated will implement a system for completion and documentation going forward.</p> <p>The Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.</p>	S3280		